DECISION AID RHEUMATOID ARTHRITIS

Should you use Methotrexate only, Dual Therapy or Triple Therapy for Rheumatoid Arthritis?

WHAT IS RHEUMATOID ARTHRITIS?



Rheumatoid Arthritis affects 1 in 100 adults. It causes joint pain and swelling. Inflammation can also affect other organs including the lungs, nerves, eyes, or heart.



While there is no cure, there are very effective treatments for Rheumatoid Arthritis.



Early treatment is very important to stop joint damage.

Disease Modifying Anti-Rheumatic Drugs (DMARDs)

DMARDs help stop joint pain and swelling and prevent joint damage.

Treatments are adjusted to find the ones that work best for you.

DMARDs typically take 6-12 weeks to work. Other treatments can be used to control your symptoms while they have a chance to work.

Methotrexate

Methotrexate works well on its own and is taken once a week (pill or injection).

⊘ / Ø Dual Therapy

Methotrexate may work better when taken with another drug called Hydroxychloroquine.

⊘∕ **≫** Triple Therapy

- Methotrexate works best when given with two other
- drugs: Hydroxychloroquine and Sulfasalazine.
- None of the above

Talk to your doctor about other options.



If you are breastfeeding, pregnant or planning a pregnancy, please discuss this with your doctor. Methotrexate cannot be used in pregnancy.

THIS DECISION AID IS FOR YOU IF:

- You are age 16 or older
- Have a new diagnosis of active rheumatoid arthritis

WHY IS THIS DISCUSSION IMPORTANT?

All of these options work well and are safe. Each choice has different chances of helping your joint pain and swelling, different side effects, and number of daily pills. It is important that your doctor knows what matters most to you to help you decide the best option.

Questions to Consider

How important is this to you? **No Medication** Methotrexate **Dual Therapy Triple Therapy** Methotrexate +Hydroxychloroquine Methotrexate +Hydroxychloroquine Not Recommended Write your questions here. **BENEFITS** Will my symptoms Joint pain and About 40% of people About 40% of people About 60% of people improve? swelling may change feel a lot better feel a lot better feel a lot better within 3-6 months. within 3-6 months. within 3-6 months. over time. Ongoing swelling from active Starting on 2 or more drugs may decrease rheumatoid arthritis the time to advanced drugs for rheumatoid can cause joint arthritis if these DMARDs don't work. damage. RISKS Methotrexate: What are possible Active rheumatoid side effects? arthritis has been linked with increased Nausea or stomach Hydroxychloroquine: risks of heart disease upset and other chronic Feeling tired or Nausea or stomach diseases. unwell Sulfasalazine: unset Headaches Skin rash Hair loss Headaches Nausea or stomach Mouth sores Sun sensitivity unset Ringing in ears Headaches Rare side effect: (Tinnitus) Rash Sun sensitivity Lung problem (shortness of breath, Rare side effect: Can decrease sperm new cough) Damage to the back counts of the eye (the Review any infections retina) Monitoring: with your doctor Get lab tests to Monitoring: check your liver and Avoid pregnancy Need for regular eye blood counts every checks 1-3 months Limit alcohol Monitoring: Get lab tests to check your liver and blood counts every 1-3 months There are ways to manage side effects. Speak with your doctor. About 5-10% of people will have to stop a drug because of side effects. LIFESTYLE How do I take the Not applicable Methotrexate: medications? Weekly pills or an injection (injections Hydroxychloroquine: may work better) 1-2 pills daily Sulfasalazine: 2-4 pills daily What other questions do you have? WHAT DO YOU THINK? **HOW DO YOU FEEL?** Which treatment do you want to discuss? Please answer the following: Are you clear about which benefits Do you feel SURE about the **Methotrexate Only** No Medication and risks matter most to you? (Not Recommended) best choice for you? **Dual Therapy Not Sure** Do you know the benefits and Do you have enough support and **Triple Therapy** risks of each option? advice to make a choice? The 4-item SURE TEST © O'Connor and Légaré 2008 Last reviewed: October 8th, 2020. Fleish Kincade Grade Level: 6

This information is intended to be used in discussion with your doctor or a member of your healthcare team. The information included reflects the general knowledge in the field at the date of publication, we do not accept responsibility or liability whatsoever for any errors or omissions. Authors: G Hazlewood MD PhD FRCPC, CEH Barber MD PhD FRCPC, N Bansback PhD Contributors: L Proulx, D Richards, L Li, D Mosher

Conflicts of Interest: The authors declare no conflicts of interest.

Last reviewed: October 8th, 2020. Fleish Kincade Grade Level: 6
Decision Aid Format Editor: J Chiu based on the International Patient Decision Aid Standards (http://ipdas.ohri.ca/)
Funding: Canadian Initiatives for Outcomes in Rheumatology Care (CIORA), PRECISION: Preventing Complications from Inflammatory Skin, Joint and Bowel Conditions (Canadian Institues for Health Research Team Grant: THC-135235)
References: Hazlewood GS, Barnabe C, Tomlinson G, Marshall D, Devoe DJ, Bombardier C. Cochrane Database Syst Rev 2016 DOI: 10.1002/14651858.CD010227.pub2